PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS							Γ	RATE	FEE] [RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/8 minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS					*	,		X40=		OR	X80=	
ΜÜ	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, e					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II									· 1] •	OTHER	
	•	(Column 1)	. (Colu		mn 2)	(Column 3)	n 3) SMALL		LENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	-	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DE			PENDEN	T CLAIM		\	+135=		OR	+270=	
								TOTA	AL		TOTAL	
	(Column 1) (Column 2) (Column 3)						,	ADDIT. FE	E L	J ~	ADDIT. FEE	
AMENDMENT B		CLAIMS		HIG	HEST	I	1 1		ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	***	T CL AIRA	<u> </u>	┨╏	X40=		OR	X80=	
	LIHO! THESE	INTAHON OF M	OLITPLE DEI	CINDEIN	CLAIIVI		4	+135=	:	OR	+270=	
								TOT/ ADDIT. FE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)		חטטוו. רב			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA] [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N O	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=]	X40=	1	OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIP			E DEPENDENT CI			J ∤				+270=	
		ımn 1 is less than i						+135= TOT/		OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OPTION OF THIS SPACE IS LESS THAN 3, enter "3."												L
	The "Highest Nur	mber Previously Pa	aid For" (Total o	r Indepen	dent) is th	e highest numb	er fou	and in the	appropriate be	ox in co	olumn 1.	